

PATENT APPLICATION DECLARATION AND POWER OF ATTORNEY

I HEREBY DECLARE THAT:

My residence, post office address, and citizenship are as stated next to my name in PART A on pages 2 and 3 hereof.

I believe I am the original, first, and sole inventor (if only one name is listed) or an original, first, and joint inventor (if plural names are listed) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Compounds That Inhibit The Binding of Integrins to Their Receptors the specification of which:

is attached hereto;

was filed on April 15, 1999 as Application Serial No. 09/292,459 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to herein.

I acknowledge the duty to disclose all information to the Patent and Trademark Office known to me to be material to patentability of this application, as defined in Title 37, Code of Federal Regulations, Sec. 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Sec. 119 of any foreign application(s) for patent or inventor's certificate listed in PART B on page 3 hereof and have also identified in PART B on page 3 hereof any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

I hereby claim the benefit under Title 35, United States Code, Sec. 120 of any United States application(s) listed in PART C on page 3 hereof and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Sec. 112, I acknowledge the duty to disclose all information to the Patent and Trademark Office known to me to be material to patentability of this application, as defined in Title 37, Code of Federal Regulations, Sec. 1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application.

I hereby declare that all statements made herein of my knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the following as my attorneys or agents with full power of substitution to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith:

Lawrence J. Chapa	Reg. No. 39135	Kathleen A. Lyons	Reg. No. 31,852	Elaine M. Ramesh	Reg. No. 43,032
Randall T. Erickson	Reg. No. 33,872	John P. Milnamow	Reg. No. 20,635	Keith V. Rockey	Reg. No. 24,713
Stephen D. Geimer	Reg. No. 28,846	Lisa V. Mueller	Reg. No. 38,978	Thomas I. Ross	Reg. No. 29,275
Allen J. Hoover	Reg. No. 24,103	Paul M. Odell	Reg. No. 28,332	Joel E. Siegel	Reg. No. 25,440
Martin L. Katz	Reg. No. 25,011	Robert B. Polit	Reg. No. 33,993	Paul M. Vargo	Reg. No. 29,116

whose mailing address for this application is:

ROCKEY, MILNAMOW & KATZ, LTD.
Two Prudential Plaza - Suite 4700
180 North Stetson Avenue
Chicago, Illinois 60601
Telephone: (312) 616-5400

See Pages 2 and 3 attached, signed, and made a part hereof.

Rev. 0 Attorney Docket # TEX4542P0391US

PATENT APPLICATION DECLARATION AND POWER OF ATTORNEY**PART A: Inventor Information and Signature**

Full name of SOLE or FIRST inventor Ian L. Scott
 Citizenship Great Britain Residence 53 Ramsey Place
Albany, NY 12208

Post Office Address (If different) _____

First Inventor's signature: Ian L. Scott Date: 5/16/99

Full name of SECOND joint inventor, if any Bore G. Raju
 Citizenship India Residence 41010 Cornac Terrace
Fremont, CA 94539

Post Office Address (If different) _____

Second Inventor's signature: B. Raju Date: 5/10/99

Full name of THIRD joint inventor, if any Ronald J. Biediger
 Citizenship US Residence 17002 E. Copper Lakes Court
Houston, TX 77095

Post Office Address (If different) _____

Third Inventor's signature: Ronald J. Biediger Date: 4/27/99

Full name of FOURTH joint inventor, if any Vanessa O. Grabbe
 Citizenship USA Residence 2022 Canyon Crest Drive
Sugar Land, TX 77479

Post Office Address (If different) _____

Fourth Inventor's signature: Vanessa O. Grabbe Date: 4/27/99

Full name of FIFTH joint inventor, if any Jamal Kassir
 Citizenship Lebanon Residence 2121 Hepburn #713
Houston, TX 77054

Post Office Address (If different) _____

Fifth Inventor's signature: Jamal Kassir Date: 4/26/99

Full name of SIXTH joint inventor, if any Karin M. Keller
 Citizenship US Residence 8330 El Mundo Apt. 808
Houston, TX 77054

Post Office Address (If different) _____

Sixth Inventor's signature: Karin M. Keller Date: 4/26/99

See Pages 1 and 3 attached and made a part hereof.

Rev. 0 Attorney Docket # TEX4542PO391US

PATENT APPLICATION DECLARATION AND POWER OF ATTORNEY**PART A: (Continued)**

Full name of SEVENTH joint inventor, if any Timothy P. Kogan (Deceased), by Patricia Woodard Kogan, his executrix
 Citizenship USA Residence 3422 Creekstone Drive
Sugar Land, TX 77479

Post Office Address (If different) _____

Seventh Inventor's signature: Patricia Woodard Kogan Date: _____
Independent Escrow Agent for Timothy P. Kogan

Full name of EIGHTH joint inventor, if any Shuqun Lin
 Citizenship China Residence 623 Meadowbrook Drive
Huntingdon Valley, PA 19006

Post Office Address (If different) _____

Eighth Inventor's signature: Shuqun Lin Date: 5/4/99

• Full name of NINTH joint inventor, if any Robert V. Market
 Citizenship US Residence 2215 St. James Place
Pearland, TX 77581

Post Office Address (If different) _____

Ninth Inventor's signature: Robert V. Market Date: 4-26-99

Full name of TENTH joint inventor, if any _____
 Citizenship USA Residence _____

Post Office Address (If different) _____

Tenth Inventor's signature: _____ Date: _____

PART B: Prior Foreign Application(s)

Serial No.	Country	Day/Month/Year Filed	Priority Claimed
			[] Yes [] No
			[] Yes [] No

PART C: Claim for Benefit of Filing Date of Earlier U.S. Application(s)

Serial No.	Filing Date	Status:		
60/082019	April 16, 1998	[] Patented	[x] Pending	[] Abandoned
		[] Patented	[] Pending	[] Abandoned

See Pages 1 and 2 to which this is attached and from which this Page 3 continues.

Rev. 07/01/98 Attorney Docket # TEX4542P0391US

Applicant or Patentee:

Scott et al.
09/292,459

Atty Docket No. TEX4542P0391US

Serial or Patent No.:

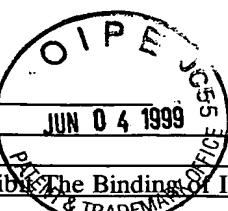
JUN 04 1999

Filed or Issued:

April 15, 1999

For:

Compounds That Inhibit The Binding of Integrins To The Receptor



VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS

(37 C.F.R. 1.9(f) AND 1.27(c) - SMALL BUSINESS CONCERN)

I hereby declare that I am

the owner of the small business concern identified below:

an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN: Texas Biotechnology Corporation

ADDRESS OF CONCERN: 7000 Fannin Street, Suite 1920

Houston, TX 77030 USA

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 C.F.R. 121.12, and reproduced in 37 C.F.R. 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time, or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled: Compounds That Inhibit The Binding of Integrins to The Receptors by inventor(s): Ian L. Scott, Bore G. Raju, Ronald J. Biediger, Vanessa O. Grabbe, Jamal M. Kassir, Karin M. Keller, Timothy P. Kogan, Shuqun Lin and Robert V. Market described in:

the specification filed herewith.

Application Serial No. 09/292,459, filed April 15, 1999.

Patent No. _____, issued _____.

If the rights held by the above-identified small business concern are not exclusive, each individual, concern, or organization having rights in the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 C.F.R. 1.9(c) if that person had made the invention, or by any concern which would not qualify as a small business concern under 37 C.F.R. 1.9(d) or a nonprofit organization under 37 C.F.R. 1.9(e). *NOTE: Separate verified statements are required from each named person, concern, or organization having rights to the invention averring to their status as small entities. (37 C.F.R 1.27)

NAME _____

ADDRESS _____

INDIVIDUAL

SMALL BUSINESS CONCERN

NONPROFIT ORGANIZATION

NAME _____

ADDRESS _____

INDIVIDUAL

SMALL BUSINESS CONCERN

NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 C.F.R. 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: David B. McWilliams

TITLE OF PERSON OTHER THAN OWNER: President and CEO

ADDRESS OF PERSON SIGNING: 7000 Fannin Street, Suite 1920, Houston, TX 77030USA

SIGNATURE: David B. McWilliams

DATE: April 26, 1999

LETTERS TESTAMENTARY

NO: 15070

THE STATE OF TEXAS } { IN THE COUNTY COURT
 } {
COUNTY OF FORT BEND } { FORT BEND COUNTY, TEXAS
 } {

I, Dianne Wilson, Clerk of the County Court of Fort Bend County, Texas do hereby certify that on the 23RD day of JUNE, 1998, PATRICIA W. KOGAN was(were) duly granted by said Court, Letters Testamentary of the Estate of TIMOTHY PETER KOGAN, deceased, and that SHE qualified as such INDEPENDENT EXECUTRIX of said Estate on the 30TH day of JUNE, 1998 as the law requires, and that said appointment is still in full force and effect.

Witness my hand and seal of office in Richmond, Texas this 19TH day of NOVEMBER, 1998.

DIANNE WILSON, COUNTY CLERK
FORT BEND COUNTY, TEXAS

By Deborah Perez
DEBORAH PEREZ ,Deputy

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORDS

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

3 199837 008523

STATE FILE NUMBER DECEASED PERSONAL DATA 98-1014 KOGAN		STATE OF CALIFORNIA USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/97)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Timothy		2. MIDDLE Peter		3. LAST (FAMILY) Kogan	
4. DATE OF BIRTH MM/DD/CCYY 09/30/1956		5. AGE YRS. 41		6. SEX M	
7. DATE OF DEATH MM/DD/CCYY Found. 05/27/1998		8. HOUR 0820			
9. STATE OF BIRTH UK		10. SOCIAL SECURITY NO. 212-98-1522		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 17		14. RACE Caucasian	
15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Texas Biotechnology Corporation		17. OCCUPATION Research Management	
18. KIND OF BUSINESS Pharmaceutical		19. YEARS IN OCCUPATION 17		20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 3422 Creekstone Drive	
21. CITY Sugar Land		22. COUNTY Fort Bend		23. ZIP CODE 77479	
24. YRS IN COUNTY 6		25. STATE OR FOREIGN COUNTRY TX		26. NAME, RELATIONSHIP Patricia W. Kogan - Wife	
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 3422 Creekstone Drive, Sugar Land, TX 77479		28. NAME OF SURVIVING SPOUSE—FIRST Patricia		29. MIDDLE -	
30. LAST (MAIDEN NAME) Woodard		31. NAME OF FATHER—FIRST Lionel		32. MIDDLE -	
33. LAST Kogan		34. BIRTH STATE UK		35. NAME OF MOTHER—FIRST Lily	
36. MIDDLE -		37. LAST (MAIDEN) Hodgkiss		38. BIRTH STATE UK	
39. DATE MM/DD/CCYY 05/29/1998		40. PLACE OF FINAL DISPOSITION Memorial Oaks Cemetery, 13001 Katy Freeway, Houston, TX 77079		41. TYPE OF DISPOSITION(S) TR/BU	
42. SIGNATURE OF EMBALMER Patrick Murphy Corley		43. LICENSE NO. 8441		44. NAME OF FUNERAL DIRECTOR Greenwood Mortuary	
45. LICENSE NO. FD-843		46. SIGNATURE OF LOCAL REGISTRAR R. J. O'Farrell		47. DATE MM/DD/CCYY 05/29/1998	
101. PLACE OF DEATH Found. Hotel		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. <input type="checkbox"/> PRIS. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER	
104. COUNTY San Diego		105. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 910 Broadway Circle, Room 1126		106. CITY San Diego	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C AND D) 9947 E963 2577		108. TIME INTERVAL BETWEEN ONSET AND DEATH Rapid		109. DEATH REPORTED TO CORONER A 98-1014	
IMMEDIATE CAUSE (A) Positional asphyxia with neck compression		110. DUE TO: (B)		111. DUE TO: (C)	
DUE TO: (D)		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Diabetes mellitus with hypoglycemia and seizures		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE No	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEASED ATTENDED SINCE MM/DD/CCYY 2 L X 20		115. SIGNATURE AND TITLE OF CERTIFIER Christine Sarah C. I. SWALWELL, M.D., D.M.E.		116. LICENSE NO. 05/28/1998	
117. DATE MM/DD/CCYY 05/28/1998		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP 92101		119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED	
120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY Found, 05/27/1998		122. HOUR 0820	
123. PLACE OF INJURY Hotel		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) Axphyxiated self when became wedged between bed and night stand.		125. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER C. I. SWALWELL, M.D., D.M.E.	
126. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) 910 Broadway Circle, Room 1126, San Diego		127. DATE MM/DD/CCYY 05/28/1998		128. FAX AUTH. # 9808216	
129. STATE A		130. STATE B		131. STATE C	
132. STATE D		133. STATE E		134. STATE F	
135. STATE G		136. STATE H		137. STATE I	
138. STATE J		139. STATE K		140. STATE L	
141. STATE M		142. STATE N		143. STATE O	
144. STATE P		145. STATE Q		146. STATE R	
147. STATE S		148. STATE T		149. STATE U	
150. STATE V		151. STATE W		152. STATE X	
153. STATE Y		154. STATE Z		155. STATE AA	
156. STATE BB		157. STATE CC		158. STATE DD	
159. STATE EE		160. STATE FF		161. STATE GG	
162. STATE HH		163. STATE II		164. STATE JJ	
165. STATE KK		166. STATE LL		167. STATE MM	
168. STATE NN		169. STATE OO		170. STATE PP	
171. STATE QQ		172. STATE RR		173. STATE TT	
174. STATE UU		175. STATE VV		176. STATE WW	
177. STATE XX		178. STATE YY		179. STATE ZZ	
180. STATE AA		181. STATE BB		182. STATE CC	
183. STATE DD		184. STATE EE		185. STATE FF	
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201. STATE XX		202. STATE YY		203. STATE ZZ	
204. STATE AA		205. STATE BB		206. STATE CC	
207. STATE DD		208. STATE EE		209. STATE FF	
210. STATE GG		211. STATE HH		212. STATE II	
213. STATE JJ		214. STATE KK		215. STATE MM	
216. STATE NN		217. STATE OO		218. STATE PP	
219. STATE QQ		220. STATE RR		221. STATE TT	
222. STATE UU		223. STATE VV		224. STATE WW	
225. STATE XX		226. STATE YY		227. STATE ZZ	
228. STATE AA		229. STATE BB		230. STATE CC	
231. STATE DD		232. STATE EE		233. STATE FF	
234. STATE GG		235. STATE HH		236. STATE II	
237. STATE JJ		238. STATE KK		239. STATE MM	
240. STATE NN		241. STATE OO		242. STATE PP	
243. STATE QQ		244. STATE RR		245. STATE TT	
246. STATE UU		247. STATE VV		248. STATE WW	
249. STATE XX		250. STATE YY		251. STATE ZZ	
252. STATE AA		253. STATE BB		254. STATE CC	
255. STATE DD		256. STATE EE		257. STATE FF	
258. STATE GG		259. STATE HH		260. STATE II	
261. STATE JJ		262. STATE KK		263. STATE MM	
264. STATE NN		265. STATE OO		266. STATE PP	
267. STATE QQ		268. STATE RR		269. STATE TT	
270. STATE UU		271. STATE VV		272. STATE WW	
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276. STATE AA		277. STATE BB		278. STATE CC	
279. STATE DD		280. STATE EE		281. STATE FF	
282. STATE GG		283. STATE HH		284. STATE II	
285. STATE JJ		286. STATE KK		287. STATE MM	
288. STATE NN		289. STATE OO		290. STATE PP	
291. STATE QQ		292. STATE RR		293. STATE TT	
294. STATE UU		295. STATE VV		296. STATE WW	
297. STATE XX		298. STATE YY		299. STATE ZZ	
300. STATE AA		301. STATE BB		302. STATE CC	
303. STATE DD		304. STATE EE		305. STATE FF	
306. STATE GG		307. STATE HH		308. STATE II	
309. STATE JJ		310. STATE KK		311. STATE MM	
312. STATE NN		313. STATE OO		314. STATE PP	
315. STATE QQ		316. STATE RR		317. STATE TT	
318. STATE UU		319. STATE VV		320. STATE WW	
321. STATE XX		322. STATE YY		323. STATE ZZ	
324. STATE AA		325. STATE BB		326. STATE CC	
327. STATE DD		328. STATE EE		329. STATE FF	
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399. STATE DD		400. STATE EE		401. STATE FF	
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405. STATE JJ		406. STATE KK		407. STATE MM	
408. STATE NN		409. STATE OO		410. STATE PP	
411. STATE QQ		412. STATE RR		413. STATE TT	
414. STATE UU		415. STATE VV		416. STATE WW	
417. STATE XX		418. STATE YY		419. STATE ZZ	
420. STATE AA		421. STATE BB		422. STATE CC	
423. STATE DD		424. STATE EE		425. STATE FF	
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438. STATE UU		439. STATE VV		440. STATE WW	
441. STATE XX		442. STATE YY		443. STATE ZZ	
444. STATE AA		445. STATE BB		446. STATE CC	
447. STATE DD		448. STATE EE		449. STATE FF	
450. STATE GG		451. STATE HH		452. STATE II	
453. STATE JJ		454. STATE KK		455. STATE MM	
456. STATE NN		457. STATE OO		458. STATE PP	
459. STATE QQ		460. STATE RR		461. STATE TT	
462. STATE UU		463. STATE VV		464. STATE WW	
465. STATE XX		466. STATE YY		467. STATE ZZ	
468. STATE AA		469. STATE BB		470. STATE CC	
471. STATE DD		472. STATE EE		473. STATE FF	
474. STATE GG		475. STATE HH		476. STATE II	
477. STATE JJ		478. STATE KK		479. STATE MM	
480. STATE NN		481. STATE OO		482. STATE PP	
483. STATE QQ		484. STATE RR		485. STATE TT	
486. STATE UU		487. STATE VV		488. STATE WW	
489. STATE XX		490. STATE YY		491. STATE ZZ	
492. STATE AA		493. STATE BB		494. STATE CC	
495. STATE DD		496. STATE EE		497. STATE FF	
498. STATE GG		499. STATE HH		500. STATE II	
501. STATE JJ		502. STATE KK		503. STATE MM	
504. STATE NN		505. STATE OO		506. STATE PP	
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510. STATE UU		511. STATE VV		512. STATE WW	
513. STATE XX		514. STATE YY		515. STATE ZZ	
516. STATE AA		517. STATE BB		518. STATE CC	
519. STATE DD		520. STATE EE		521. STATE FF	
522. STATE GG		523. STATE HH		524. STATE II</	

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RE

COUNTY OF SAN DIEGO

AFFIDAVIT TO AMEND A RECORD

STATE FILE NUMBER

3 199837 008523

DEATHS AFTER 1-1994
NO ERASURES, WHITEOUTS, OR ALTERATIONS

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE/LOCAL REGISTRAR USE ONLY	1.	2.	3.
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PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN) Timothy	2. MIDDLE Peter	3. LAST (FAMILY) Kogan
ADDITIONAL INFORMATION TO LOCATE RECORD	4. SEX M	5. DATE OF EVENT—MM/DD/CCYY Found, 05/27/1998	6. CITY OF OCCURRENCE San Diego
	7. COUNTY OF OCCURRENCE San Diego	8. FATHER'S NAME AS STATED ON ORIGINAL Lionel Kogan	9. MOTHER'S NAME AS STATED ON ORIGINAL Lily Hodgkiss

PART II STATEMENT OF CORRECTIONS. NO ERASURES, WHITEOUTS, OR ALTERATIONS

LIST ONE ITEM PER LINE	10. CERTIFICATE ITEM NUMBER 40	11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD Memorial Oaks Cemetery 13001 Katy Freeway Houston, TX 77079	12. INFORMATION AS IT SHOULD APPEAR Garden of Memories Kerrville, Texas 78028

REASON FOR CORRECTION	13. To Change Place of Disposition

TWO PERSONS MUST SIGN THIS FORM	AFFIDAVITS AND SIGNATURES		
	We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.		
14. SIGNATURE OF FIRST PERSON <i>Victoria Meza</i>	15. TITLE/RELATIONSHIP TO PERSON IN PART I Mortuary Clerk	16. DATE SIGNED—MM/DD/CCYY 06/05/1998	
17. AGE Legal	18. ADDRESS (STREET, CITY, STATE, ZIP) I-805 & Imperial Avenue, San Diego, CA 92102		
19. SIGNATURE OF SECOND PERSON <i>Siennika Pryor</i>	20. TITLE/RELATIONSHIP TO PERSON IN PART I Mortuary Clerk	21. DATE SIGNED—MM/DD/CCYY 06/05/1998	
22. AGE Legal	23. ADDRESS (STREET, CITY, STATE, ZIP) I-805 & Imperial Avenue, San Diego, CA 92102		

STATE/LOCAL REGISTRAR USE ONLY	24. SIGNATURE OF STATE OR LOCAL REGISTRAR <i>R. Ross</i>	25. DATE ACCEPTED FOR REGISTRATION—MM/DD CCYY 06/08/1998
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A0239990

County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

*Robert K. Ross, M.D.*ROBERT K. ROSS, M.D.
REGISTRAR OF VITAL RECORDS
County of San Diego

DATE ISSUED: September 18, 1998

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

